

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1991

State File No. _____

FEB 14 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 19

1. PLACE OF DEATH

(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME SAMUEL DAVID JOHANNALER
(b) If veteran, name war — (c) Social Security No. NONS

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife CAROLINE MASCHER (c) Age of husband or wife if alive 30 years (Day) (Year)
7. Birth date of deceased July 30, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 19 If less than one day hr. min.

9. Birthplace MARTHASVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name FREDRICK JOHANNALER
13. Birthplace GERMANY
14. Maiden name MARY MEYER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature EDWARD JOHANNALER
(b) Address MAKANE, MO

17. (a) BURIAL (b) Date thereof JAN. 21, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MAKANE, MO

18. (a) Signature of funeral director Glenn H. Mansper
(b) Address Box 600 Fulton, Mo.

19. (a) Jan 21, 1941 (b) R. N. Cress
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town MAKANE RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1941 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from 11/17/41 to 11/19, 1941;
that I last saw him alive on 11/19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death acute bronchopneumonia (bilateral) Duration 11/17/41
Due to 12/1
Due to 12/1

Other conditions chronic nephritis + myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
10/10 (Specify type of place) (e) Means of injury —
While at work? —
23. Signature Harry Dinet (M. D. or other) MD.
Address Fulton, Mo. Date signed 1/21/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Elen Y. Manpin
.....

Licensed Embalmer No. *2725*

P. O. Address.....

Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.